



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: METHODIST HOSPITAL NORTHLAKE CAMPUS

City of Hospital: Gary

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Linda Milenkovski

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Medicare Provider Number: 15-0002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$632998573
Outpatient Patient Service Revenue	\$697806181
Total Gross Patient Service Revenue	\$1330804754

2. Deductions From Revenue

Contractual Allowance	\$929140477
Other Deductions	\$37063550
Total Deductions	\$966204027

3. Total Operating Revenue

Net Patient Service Revenue	\$364600727
Other Operating Revenue	\$5250257
Total Operating Revenue	\$369850984

4. Operating Expenses

Salaries and Wages	\$150820945	Employee Benefits	\$37490682
Depreciation and Amortization	\$19181210	Interest Expense	\$3248157
Bad Debt	\$23883317	Other Expenses	\$136176120
Total Operating Expenses	\$370800431		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5485074	Total Assets	\$361361134
Net Non-operating Gains over Loss	\$4535627	Total Liabilities	\$0

Total Net Gains	\$-949447
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$651958621	\$508870108	\$143088513
Medicaid	\$311965445	\$275587657	\$36377788
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$366880688	\$181746262	\$185134426
Total	\$1330804754	\$966204027	\$364600727

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$256320	\$0	\$256320
Hospital Patients	\$0	\$0	\$0
Community Education	\$69582	\$0	\$69582

Number of Medical Professionals Trained	24
Number of Hospital Patients Educated	2000
Number of Citizens Exposed to Health Education Messages	3666

Statement Six: Charity Statement

Hospital Charity Charges	\$45130908
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11045870	
HCI Payments	\$0		
Subtotal	\$0	\$11045870	\$-11045870
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$38,395,879		
Subtotal	\$38395879	\$0	\$38395879
Medicare Shortfalls	\$0	\$21159405	
Other Government Programs	\$0	\$0	
Total	\$38395879	\$21159405	\$17236474

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$326062	\$-326062
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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